

FILED JUN 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17043

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Flat River		c. CITY OR TOWN Flat River	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 yrs.		e. STREET ADDRESS (If rural, give location) 115 Roosevelt	
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 Roosevelt			

3. NAME OF DECEASED a. (First) Bertha b. (Middle) Mae c. (Last) Beckett			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1919	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 2 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Leadwood, Missouri		
13a. FATHER'S NAME Cecil Conley			13b. MOTHER'S MAIDEN NAME Pearl Moyer		14. NAME OF HUSBAND OR WIFE Clyde Beckett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clyde Beckett Flat River, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pulmonary Tuberculosis Faci. Pulmonary tuberculosis Following Feb 1945 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days 2-4 yrs	

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/12**, 1953, to **May 29**, 1954, that I last saw the deceased alive on **May 28**, 1954, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Zuppan DO		23b. ADDRESS Flat River Mo		23c. DATE SIGNED 6/2/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/54		24c. NAME OF CEMETERY OR CREMATORY St. Francois Meo. Pk.		24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
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DATE REC'D BY LOCAL REG. June 2, 1954		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son Desloge, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *B. T. Doyen*.....

Licensed Embalmer No. *366*.....

P. O. Address *Albany*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.